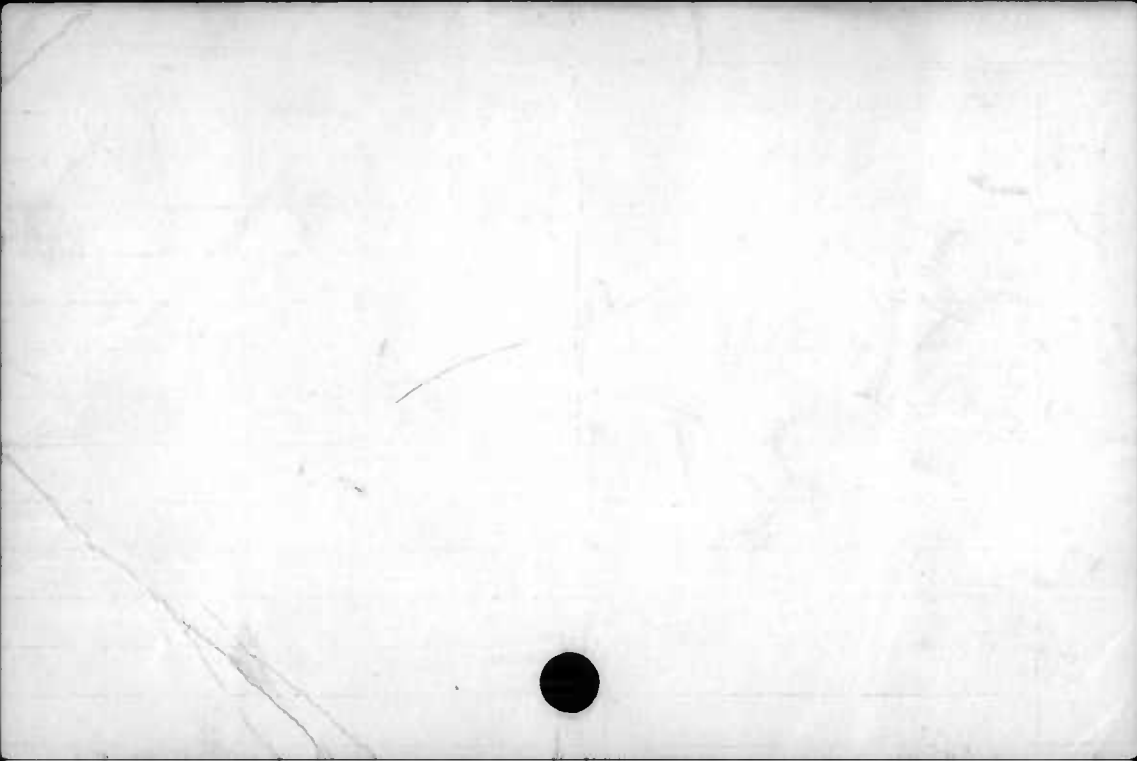


Name in Full Mabel B. Birchhead		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Mt Harmony <small>Town</small>		Calvert <small>County</small>
	Date of death 1907		Month 3
	Day 13		Age 5
	Sex Female		Color or Race white
	Married, Single or Widowed		Birth-place Mt Harmony
	Name of Wife or Husband		Occupation
	Father's Name Charles H. Birchhead		Father's Birthplace Calvert Co
Mother's Maiden Name Mary E. Swann		Mother's Birthplace Calvert Co	
Name of person giving information Chas H. Birchhead		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Perniciouus Fever		How long Seven days
	Immediate Collapsee		How long 24 hours
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician L. Brayshaw
			Address Friendship Md
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunderland</i> Town		<i>Columb</i> County		MARYLAND	
Date of death	1907	Month	March	Day	19
Age	43	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Col. Lev.
Occupation	<i>James L. Brown</i>		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>John Wm. Brown</i>			Father's Birthplace	Col. Lev.
Mother's Maiden Name	<i>Elizabeth Wilson</i>			Mother's Birthplace	" "
Name of person giving information	<i>Wm. Wallace</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>4 yrs.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. W. Peitch</i>	
Address		<i>Huntingtown, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

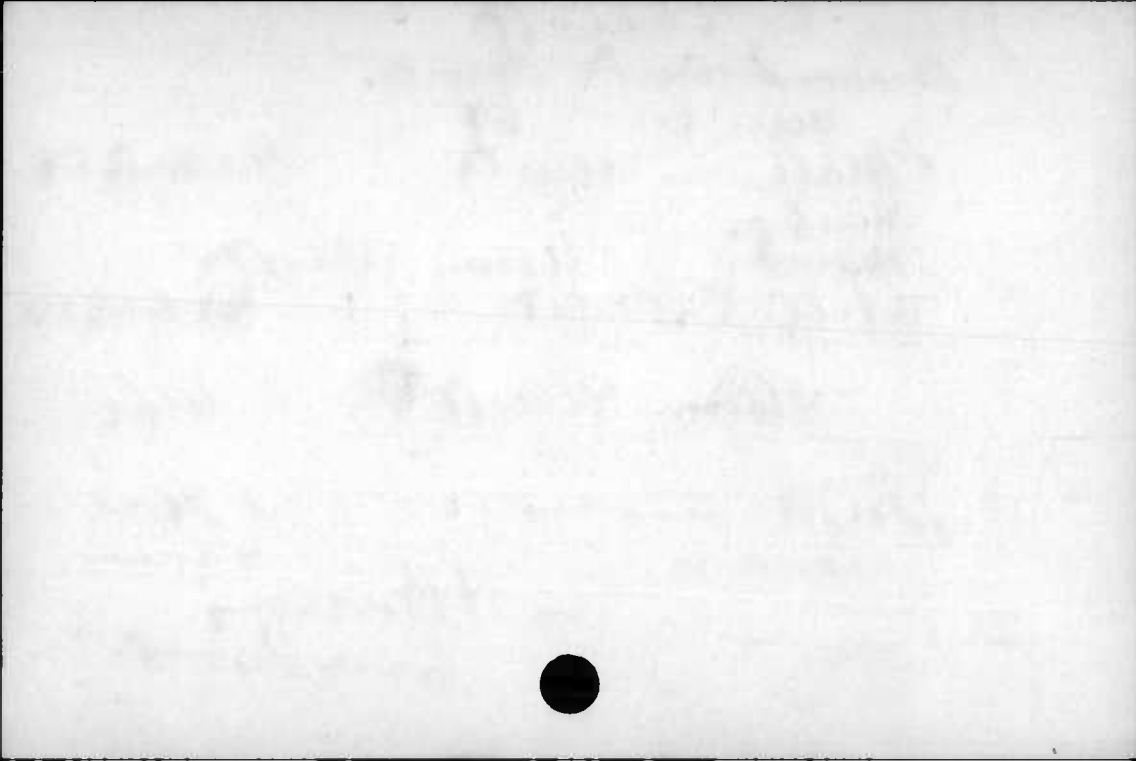
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Republic Calvert</i>		Town <i>Port Republic</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>19</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Calvert Co.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>Sarah Carr</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Calvert Co.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Calvert Co.</i>					
Name of person giving information <i>Edward Carr</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>(64)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. King M.D.</i>
	Address <i>Barettown Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown Island Court</i>		Town <i>Brown Island</i> County <i>Court</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>6</i>	Age <i>67</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester Co</i>			
Occupation <i>Sailor</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Elliott</i>				
Father's Name <i>Abell Elliott</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Annie Elliott</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bristle disease</i>	How long <i>2 years</i>
Immediate <i>Syphilis</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>J. B. Biscan</i>
	Address <i>Spice Ridge W.</i>
Accident or Suicide?	

1940

1941

1942

1943
1944
1945

1946

1947

1948
1949

1950

Name
In
Full

Mary Elizabeth Cobb

CERTIFICATE OF DEATH

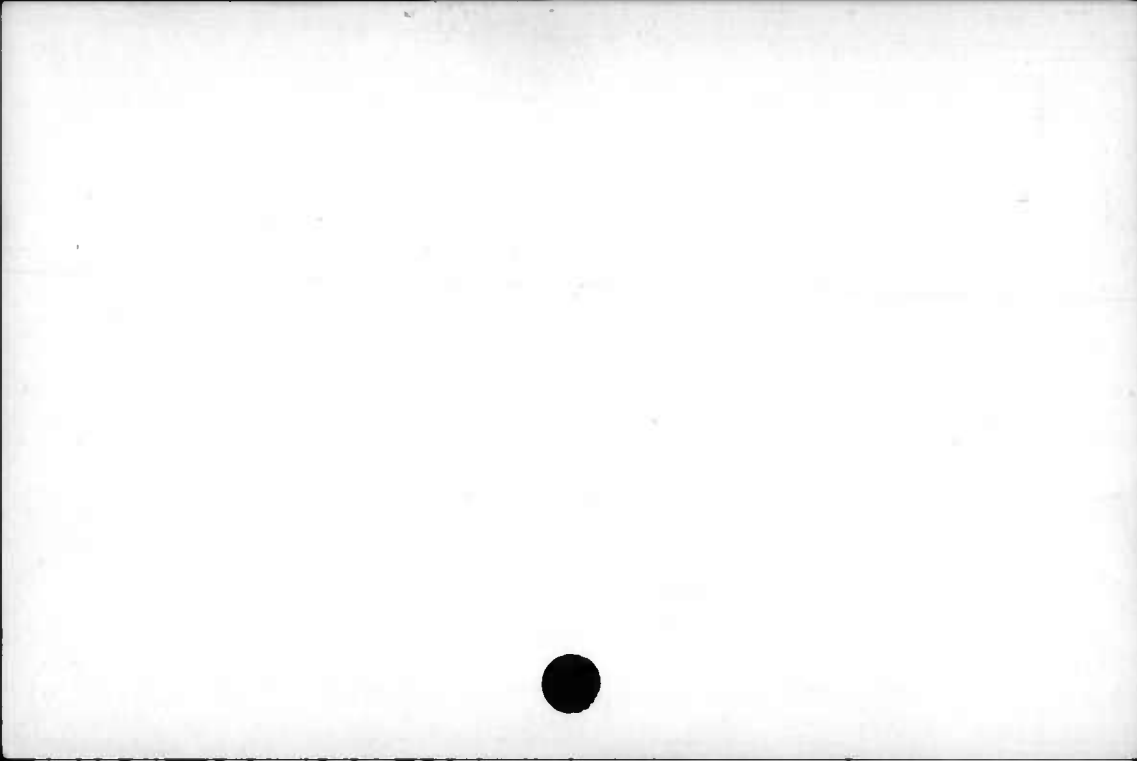
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lusby</i>		County <i>Calvert</i>		MARYLAND	
Date of death		190	Month <i>7 Mar</i>	Day <i>31</i>	Age about	Years <i>75</i>	Months —
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>James Cobb</i>					
Father's Name <i>Isaac Fowler</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Jas. J. Fowler</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	<i>179</i>	How long <i>less than an hour</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Dr. F. Chambers Subregion</i>	
Address		<i>Way to Local Board 2 St. Lusby, Calvert Co</i>	
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

Blanche Olivia Harten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

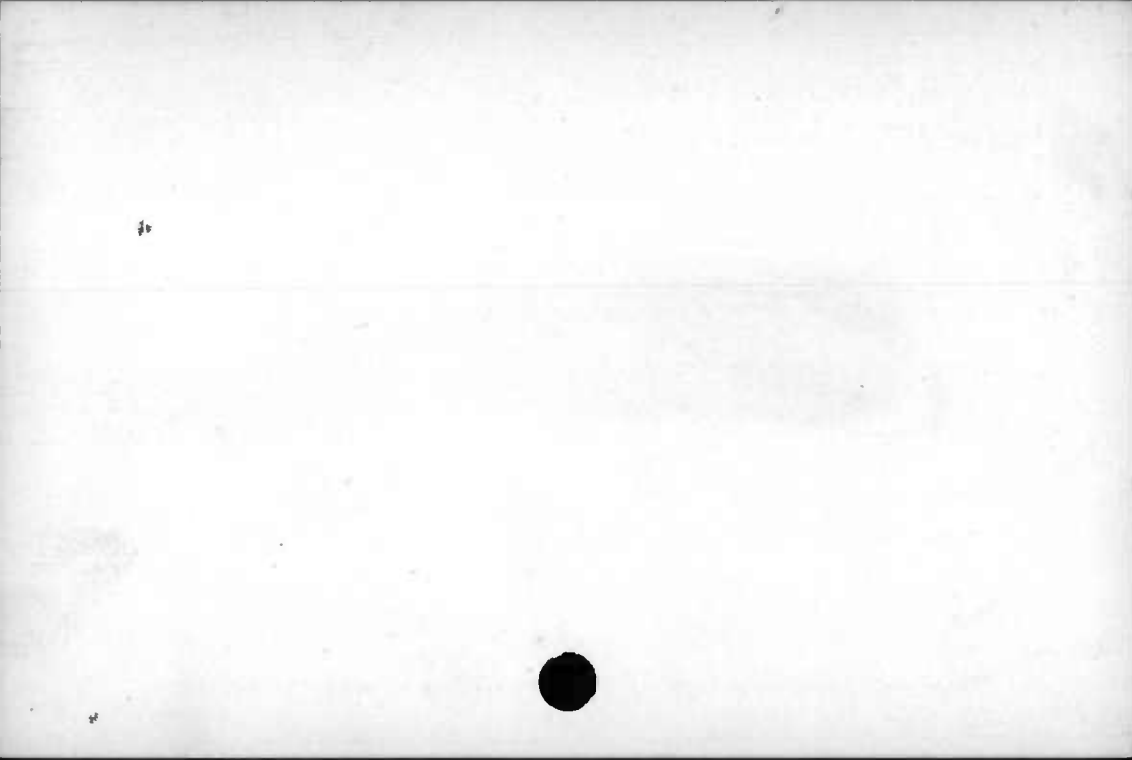
MARYLAND

Died at		Town <i>Solomons</i>		County <i>Calvert</i>			
Date of death	1907	Month <i>March</i>	Day <i>21</i>	Age <i>20</i>	Years	Months	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Solomons Md</i>				
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Walter B. Harten</i>					
Father's Name <i>Jno. K. Mister</i>				Father's Birthplace <i>Somerset Co. Md</i>			
Mother's Maiden Name <i>Ellen A. Clocker</i>				Mother's Birthplace <i>St. Marys Co. Md</i>			
Name of person giving Information <i>Ellen A. Mister</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pregnancy</i>	<i>138</i>	How long	<i>8 1/2 mos.</i>
Immediate	<i>Periperal Eclampsia, Hemisoma</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. F. Marsh</i>	
			Address <i>Solomons</i>	
Accident or Suicide?		<i>✓</i>	<i>Md.</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Karten

CERTIFICATE OF DEATH

MARYLAND

Died at *Solomons*

Town

Calvert

County

Date

of death

1907

Month

March

Day

17

Age

Years

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*Solomons Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Infant*Name of Wife or
HusbandFather's
Name*Walter B Karten*Father's
Birthplace*Solomons Md*Mother's
Maiden Name*Blanche Olivia Minter*Mother's
Birthplace*Solomons Md*Name of person giving
In formation*Walter B Karten*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Still born

How long

Immediate

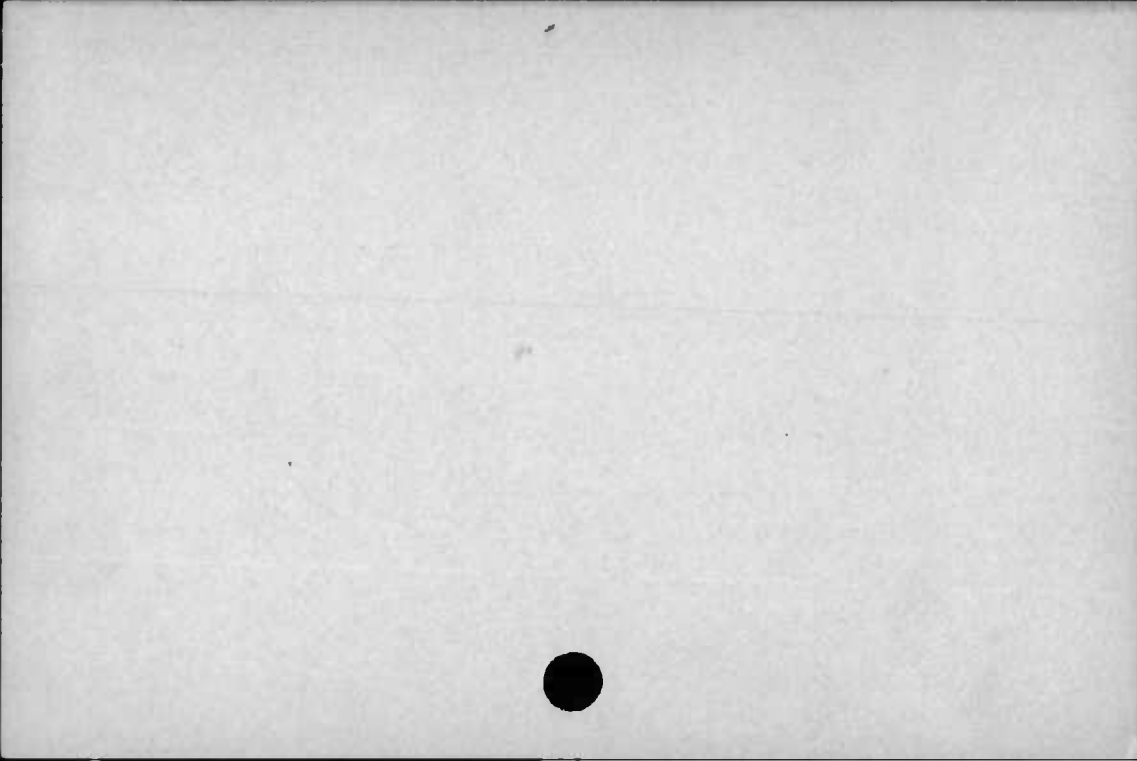
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*W. H. Marsh,**Solomons**Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

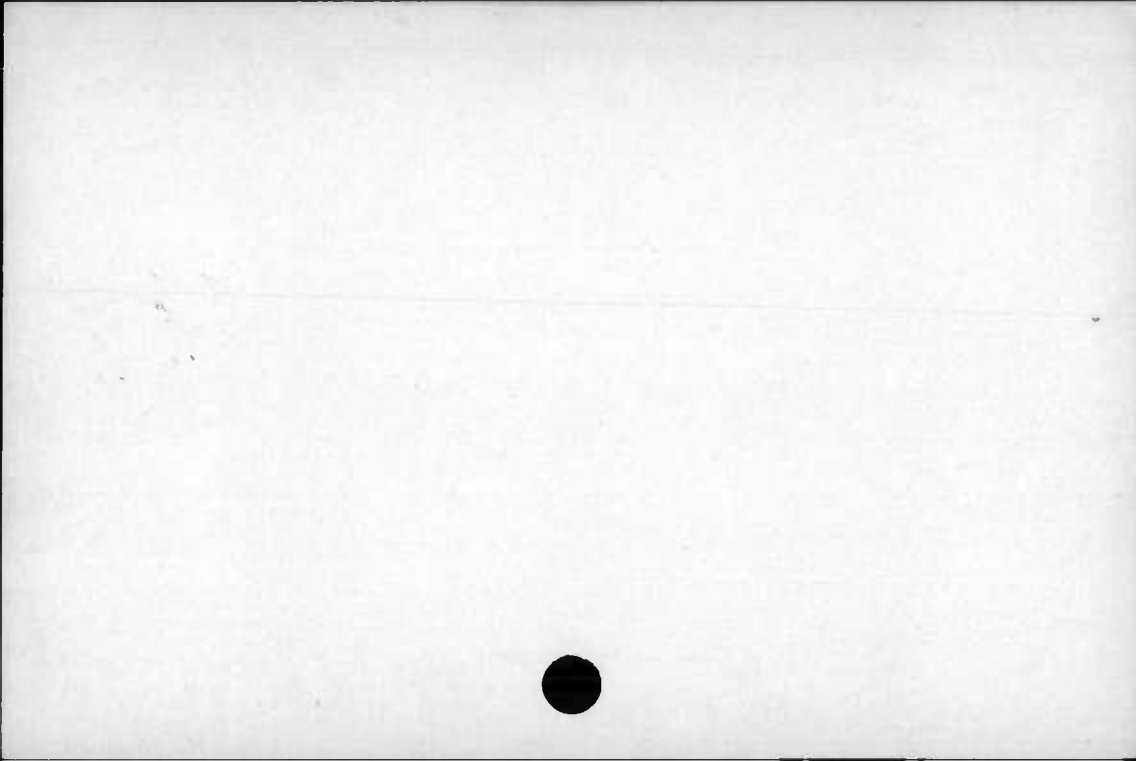
Died at <i>Bairstow</i> ^{Town}		<i>Lealvest</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>6</i>	Age <i>75</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Lealvest Co</i>		
Occupation <i>mechanic</i>			Where Residing If not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>not Obtainable</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>18 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. N. King MD</i>
	Address <i>Bairstow Md</i>
Accident or Suicide?	



Name
in
Full

Emory Elizabeth Johnson

CERTIFICATE OF DEATH

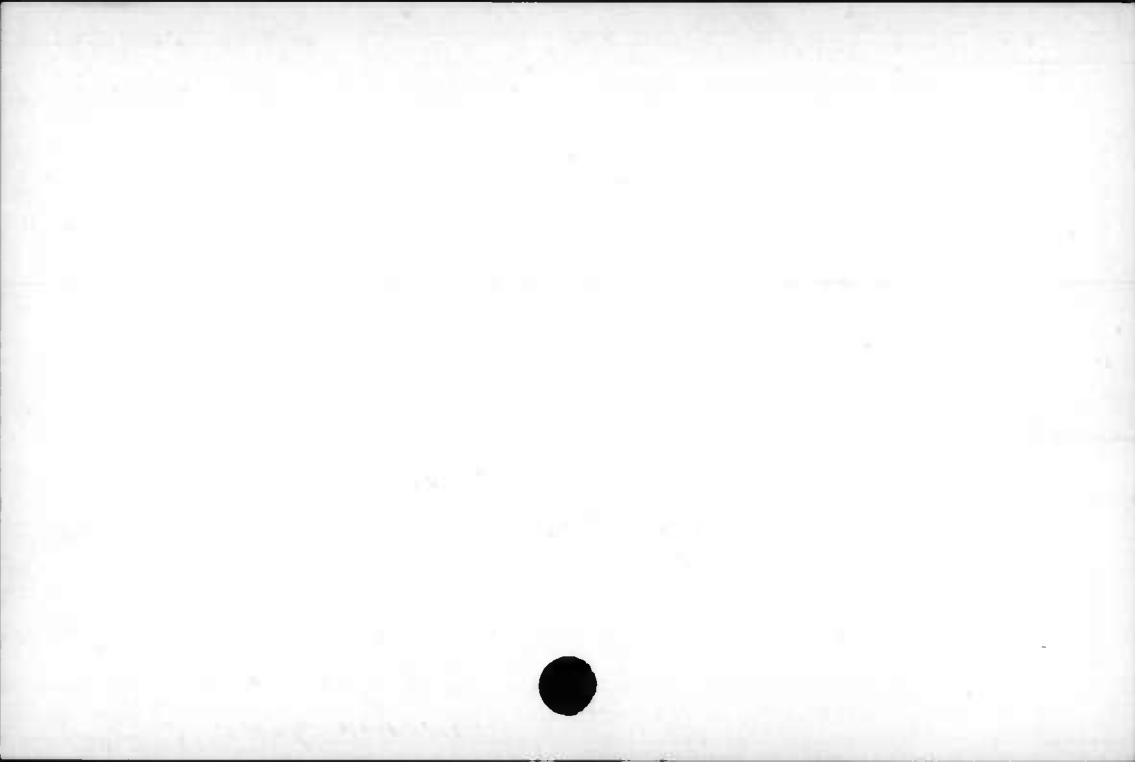
Died at		Town Oliver		County Calvert		MARYLAND	
Date of death		1907	Month Mar.	Day 13	Age —	Years —	Months —
Sex Female		Color or Race White		Birth-place			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John F. Johnson		Father's Birthplace Calvert Co					
Mother's Maiden Name Nettie D. Crover		Mother's Birthplace Calvert Co					
Name of person giving information John F. Johnson		How related to deceased Father					

CAUSES OF DEATH

150

Primary	Congenital Deformity		How long	5 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Geo F Chambers MD	
			Address Lynch, Calvert Co	
Accident or Suicide?				

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Fannie Lea Leger

MARYLAND

Died at North Chesapeake Beach Calvert

Date of death 1907 March 3rd Age 37 Months 8 Days -

Sex Female Color or Race White Birth-place Miss.

Occupation Housewife - Where Residing if not at place of death 1390 E St. n. e. Washington D.C.

Married, Single or Widowed Married Name of Wife or Husband J. C. Leger

Father's Name S. B. G. Caruthers

Father's Birthplace ? Unknown

Mother's Maiden Name Fannie Lea

Mother's Birthplace ? Unknown

Name of person giving information J. C. Leger

How related to deceased Husband

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis.

How long 15 months

Immediate Heart Failure

How long a few hours

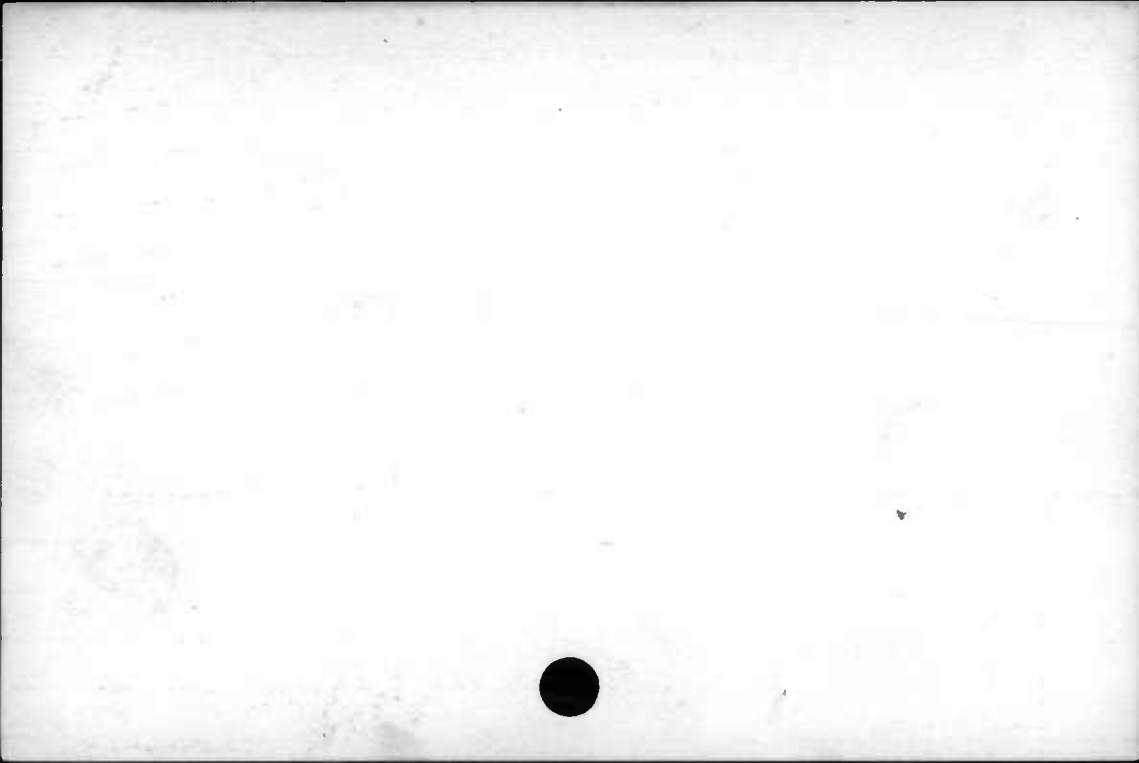
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician B. M. Randolph M.D.

Address 1744 N St. n. w. Washington, D.C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Clara Estelle Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at "Preston" Farm Calvert

Date of death 1907 Mar. 29 Age 18

Sex Female Color or Race white Birth-place Calvert Co

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Perry Long

Father's Birthplace St Marys Co

Mother's Maiden Name Agnes Patton

Mother's Birthplace St Marys Co

Name of person giving information Perry Long

How related to deceased Father

CAUSES OF DEATH

92

Primary Broncho-Pneumonia How long 6 days

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo F Chambers M.D.

Address Lusby, Calvert Co

Accident or Suicide?



Name
in
Full

William S. Sherrwell

CERTIFICATE OF DEATH

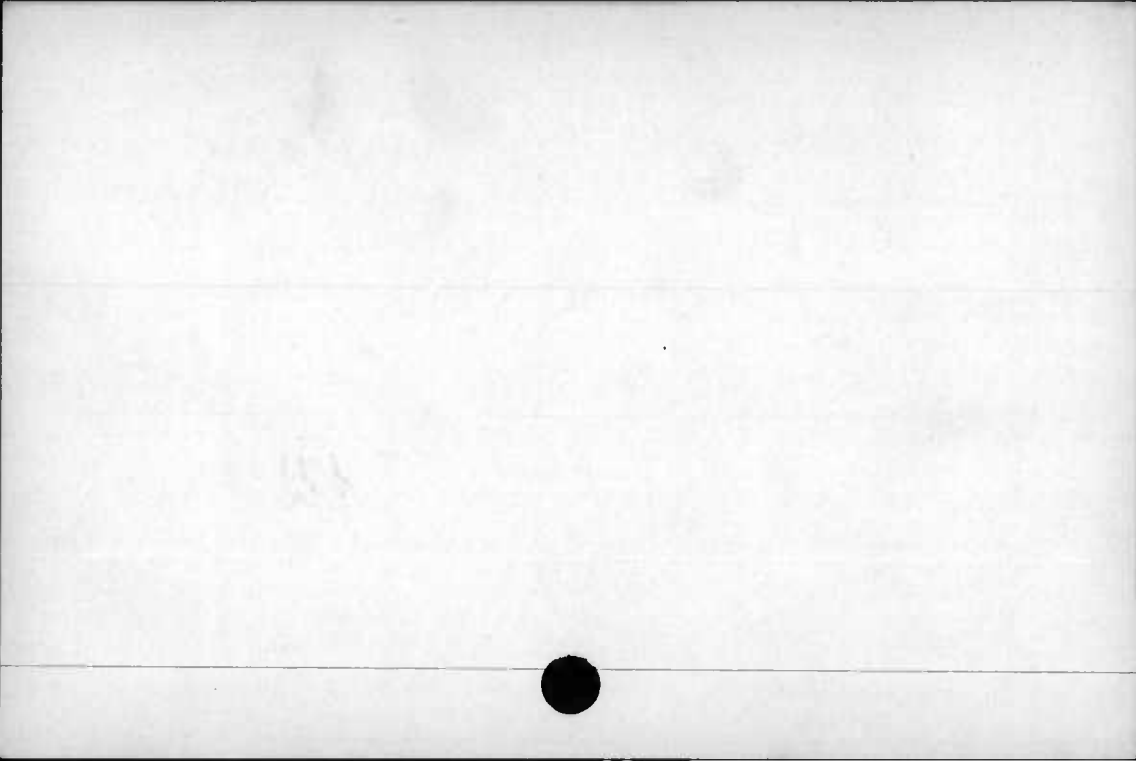
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Prince Frederick		County		Calvert		MARYLAND	
Date of death		1907	Month	Mar	Day	3d	Age	81	Years
Sex		Male		Color or Race		White		Birth-place	
Occupation		Retired Merchant		Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		Jm Sherrwell		Father's Birthplace		Unknown			
Mother's Maiden Name		Unknown		Mother's Birthplace					
Name of person giving information				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	(64)	How long
Immediate	Intra Cranial Hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. M. King MD	
		Address	
		Baltimore MD	
Accident or Suicide?			



Name
in
Full

Jackson H. Smith

CERTIFICATE OF DEATH

Died at Buena Vista

Town

Calverton

County

MARYLAND

Date

of death

1907

Month

March

Day

19

Years

Age 55

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Virginia

Occupation

Retired Merchant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Virginia D. Bowen

Father's
Name

John Edward Smith

Father's
Birthplace

Virginia

Mother's
Maiden Name

Margaret Edna Ward

Mother's
Birthplace

Virginia

Name of person giving
Information

Mrs Thomas Ames

How related
to deceased

Sister

CAUSES OF DEATH

27

Primary

General Interperidone's

How long

3 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Estef Paddy M.D.

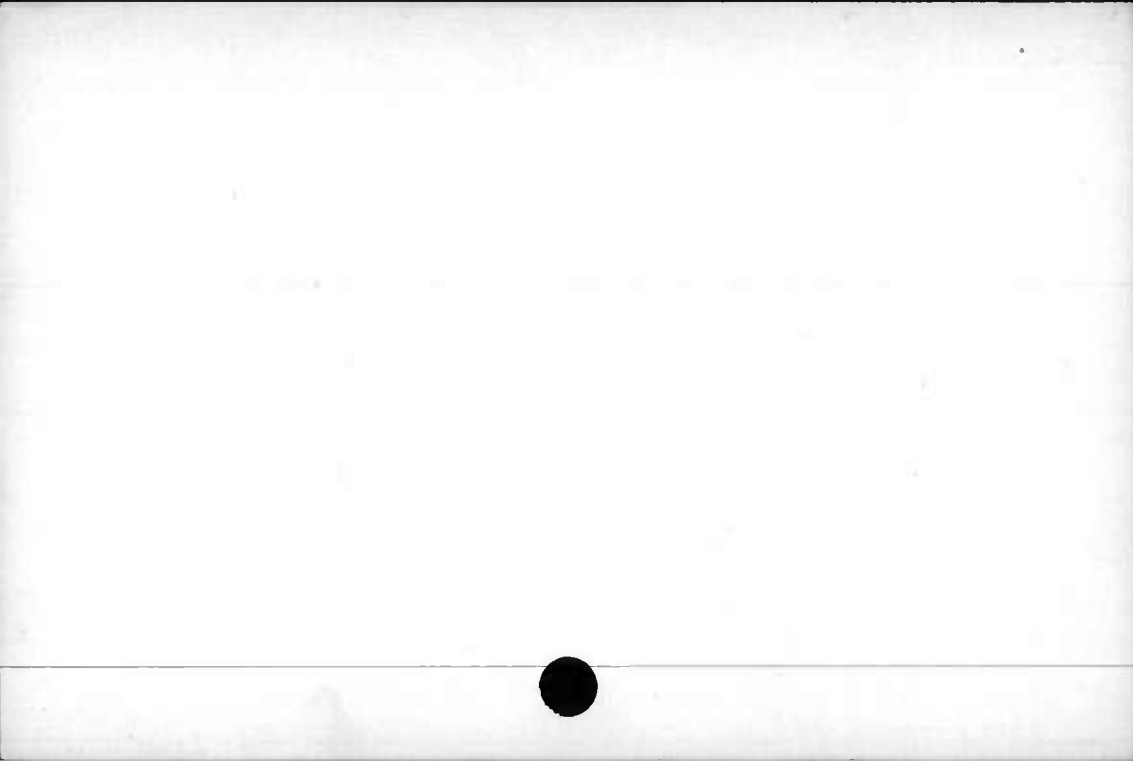
Address

Barstow

Calverton Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Mar	4	Age	43		
Sex		Color or Race		Birth-place			
Male		Colored		Calvert Co Md			
Occupation		Where Residing if not at place of death					
Carpenter							
Married, Single or Widowed		Name of Wife or Husband					
Married		Rebecca Johnson					
Father's Name		Father's Birthplace					
Major Torrey		Calvert Co					
Mother's Maiden Name		Mother's Birthplace					
Eliza Phillips		Calvert Co					
Name of person giving information		How related to deceased					
Joseph Torrey		Brother					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	9 days
Immediate	Prostration	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr F Chambers MD	
		Address	
		Annapolis, Calvert Co	
Accident or Suicide?		✓	

